

A	CLAIMS ONLY						Application Number <div style="font-size: 1.5em; font-family: cursive;">10666663</div>		Filing Date 	
							Applicant(s) 			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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40	1									
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42										
43										
44	1									
45										
46										
47	1									
48										
49										
50										
Total Indep	3									
Total Depend	7									
Total Claims	10									

51	Indep	Depend	52	Indep	Depend
53			54		
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95			96		
97			98		
99			100		
Total Indep			Total Indep		
Total Depend			Total Depend		
Total Claims			Total Claims		